Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS7482SNF	A. BUILDING: _____ B. WING _____	C 05/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMERIDIAN-BUFFALO	3391 N BUFFALO DRIVE LAS VEGAS, NV 89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation of your facility, completed on 5/29/15, in accordance with Nevada Administrative Code (NAC), Chapter 449, Skilled Nursing Facilities. The census at the time of the survey was 20. The sample size was five. There was one complaint investigated. Complaint #NV00042729 with the allegation the resident was unsafely discharged home could not be substantiated. The investigation into the allegation included: - Review of progress notes, Legal 2 K paperwork, the discharge plan/summary, physician orders, nurses notes and the hospital admission/discharge report. - Interviews with the Director of Nursing, a Licensed Practical Nurse/Charge Nurse, a social worker and the the Administrator. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. There were no regulatory deficiencies identified.	Z 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Z 000	Continued From page 1 No further action necessary. Please retain a copy for your records.	Z 000		